

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

C 7007 0710 0002 7373 2648
FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE
IOWA ETHICS AND
CAMPAIGN DISCLOSURE BD.
pm 1-17
2009 JAN 20 PM 3:47

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

IMPORTANT: Indicate by # type of committee you are reporting for: 1

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

PAUL SHOMSHOR

Political Party (if applicable)

DEMOCRAT

Office Sought

IOWA HOUSE

District (if Senate or House)

100

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

Logged in

Scanned

Computer

Audited

1490

4 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Paul Shomsha

712-325-0638

01/17/2009

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 01/14/2009

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 16,081.78

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,475.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

20,556.78

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

10,441.30

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 10,115.48

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

- 0 -

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

12,666.40 -

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

- 0 -

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ - 0 -

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/4/08	ID# 6058 CK# 4419	IA CHIROPRACTIC SOCIETY PAC 1605 N ANKENY BLVD-100 ANKENY IA 50023		\$ 300.00	<input type="checkbox"/>
10/16/08	ID# CK# 6484	PFIZER PAC 235 EAST 42ND STREET NEW YORK NY 10017		250.00	<input type="checkbox"/>
10/19/08	ID# CK# 7084	GAIL KENKEL 407 W GRAHAM COUNCIL BLUFFS IA 51503		25.00	<input type="checkbox"/>
10/21/08	ID# 9074 CK# 2058	MECHANICAL CONTRACTORS ASSN 3066-104TH ST URBANDALE IA 50322		250.00	<input type="checkbox"/>
10/22/08	ID# 6234 CK# 1116	IOWA FARM BUREAU FEDERATION PAC 5400 UNIVERSITY AVE WEST DES MOINES IA 50266		1,500.00	<input type="checkbox"/>
10/23/08	ID# CK# 18705	IBEW EDUCATIONAL COMMITTEE 900 SEVENTH ST-NW WASHINGTON DC 20001		200.00	<input type="checkbox"/>
10/25/08	ID# CK# 18818	IBEW EDUCATIONAL COMMITTEE 900 SEVENTH ST-NW WASHINGTON DC 20001		200.00	<input type="checkbox"/>
10/27/08	ID# CK# 2469	UTU PAC 14600 DETROIT AVE CLEVELAND OH 44107		500.00	<input type="checkbox"/>
10/27/08	ID# 6098 CK# 346	IA BEW PAC 321 E. WALNUT-310 DES MOINES IA 50309		1,000.00	<input type="checkbox"/>
10/30/08	ID# CK# 2516	COLA-COLA ENTERPRISES INC.-EEB Box 773040 ATLANTA GA 31139		250.00	<input type="checkbox"/>

SUB-TOTAL

\$ 4,475.00

TOTAL (if last page of this schedule)

\$ 4,475.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

SHOMSHOR FOR IOWA HOUSE

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-31-08	ID# WIRE CK# TRANSFER	IOWA DEMOCRATIC PARTY 5661 FLEHR DRIVE DES MOINES IA 50321	CONTRIBUTION	\$10,000.00
10-31-08	ID# CK# N/A	PEOPLES NATIONAL BANK 1600 WEST BROADWAY COUNCIL BLUFFS IA 51501		12.00
11-12-08	ID# CK# 1094	CARTER PRINTING 1739 EAST GRAND AVE. DES MOINES IA 50316	POSTCARD PRINTING	429.30
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$10,441.30
TOTAL (if last page of this schedule)				\$10,441.30

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i))

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

SHUMSHOR FOR IOWA HOUSE

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/31/08	IOWA DEMOCRATIC PARTY 5661 FICUR DRIVE DES MOINES IA 50321		RADIO ADVERTISING	\$ 12,666.40	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

12,666.40

TOTAL (if last

\$

page of this
schedule)

12,666.40

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(for Schedule E)